# **DECLARATION and POWER OF ATTORNEY**

Attorney's Docket No.AA 980218 CIP

Country of Citizenship

Zip Code

20194

State or Country

U.S.

U.S.A.

As a below named inventor, I hereby declare that:

City

Street

Reston

11573 Greenwich Point

Citizenship

Post Office

Address

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if

plural names ar	e listed below) of the	e subject ma	tter that	is claime	ed and for which a	a patent is sought on the invention entitled	
	atellite Commu	nication S	ystem,				
	which (check one)	A 11 41		<b>.</b>			
I hereby stat	to was filed on	as Applicat	ion Serial	No.	and was amended	on (if applicable).	
amended by the	e uiai i iiave ieviewe amendment(s) refe	red to above	Stanti ine Lacka		s of the above-ide	entified specification, including the claims, as ose information that is material to the	
natentability of	this application in a	cordance xv	ith Title	37 Cod	e of Federal Pegu	lotion Sec. 1.56(a)	
I hereby claim f	oreign priority benefits up	nder 35 U.S.C.	119 of anv	foreign ar	onlication(s) for natent	or inventor's certificate listed below and have also identi	ified
below any foreign a	application for patent or in	nventor's certific	cate havin	g a filing d	late before that of the a	application on which priority is claimed:	inoa
	<del></del>	PRI	IOR FORI	EIGN APP	LICATION(S)		
COLDIMBIA							
COUNTRY	APPLICATIO NUMBER	N		OF FILING	1	PRIORITY CLAIMED	
	NOMBER	<del></del>	(DAI,1	MONTH, '	IEAR)	UNDER 35 U.S.C. 119	
I hereby claim the	ne benefit under 35 U.S.C	. 120 of any Un	nited States	s application	on (s) listed below and	, insofar as the subject matter of each of the claims of this	s
application is not d	sclosed in the prior Unite	d States applica	ation in the	e manner p	rovided by the first pa	ragraph of Title 35 U.S.C. 112, I acknowledge the duty to the prior application and the national or PCT international	0
filing date of this a	oplication:	7 CIR 1.50(a) V	winch occi	iiied betw	cen me ming date of the	the prior application and the national of PC1 international	
		PRIOR	UNITED	STATES A	APPLICATION(S)		
#PPLICATION	SERIAL NUMBER	FILING DA	TE		STATUS (PATENTI	ED, PENDING, ABANDONED)	
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like so made are	e nunishahle hwatine	or imprisons	nent or	hoth un	der Section 1001	knowledge that willful false statements and the of Title 18 of the United States Code and that	he
such willful fals	se statements may ie	onardize the	validity	of the a	onlication or any r	patent issued thereon.	
(13 ·							
POWER OF ATT	ORNEY: As a named in	ventor, I hereby	appoint tl	he followir	ng attorney(s) and/or a	gent(s) to prosecute this application and transact all busing	ness
in the Patent and I			st name an	d registrati		M. McDermott, Reg. No. 41,508	
SEND CORRESPONDENCE TO: DIRECT TELEPHONE CALLS TO: Robert M. McDermott, ESQ. Customer ID 23662 Robert M. McDermott 804-493-0707							
52 James Court					Robert W. Wiche	1 mott 804-493-0707	
Montross, VA	22525						
(							
Dated:				Inventor's Signature:			
Full Name of Last Name				Fig. N. ( DELIE 12 )			
T			First Name (and Middle, if any)  Richard D.				
Residence & City				oreign Country	Country of Citizenship		

State or Foreign Country

VA

City

Reston

Dated:		Inventor's Signature:			
Full Name of Last Name Inventor Hanson		First Name (and Middle, if any)  John E.			
Residence & Citizenship	City Mountain View	State or Foreign Country CA	Country of Citizensh U.S.	•	
Post Office Address	Street 345 Nita Avenue	City  Mountain View	State or Country U.S.A.	Zip Cod 94043	
Dated:		Inventor's Signature:			
Full Name of Inventor	Last Name McDermott	First Name (and Middle, if any) Scott A.	)		
Residence & Citizenship	City\ Washington	State or Foreign Country <b>DC</b>	Country of Citizensh U.S.	nip	
Post Office Address	Street 1718 Euclid Street	City Washington	State or Country U.S.A.	Zip Cod 20009	
Dated:		Inventor's Signature:			
Full Name of Inventor	Last Name Zenick Jr.	First Name (and Middle, if any) Raymond G.			
Residence & Citizenship	City Solana Beach	State or Foreign Country  CA	Country of Citizenship U.S.		
Post Office Address	Street 444 S. Nardo Avenue	City Solana Beach	State or Country CA	Zip Cod 92075	
Dated:		Inventor's Signature:			
Full Name of Inventor	Last Name	First Name (and Middle, if any)			
Residence & Citizenship	City	State or Foreign Country	State or Foreign Country Country of Citizenship		
Post Office Address	Street	City	State or Country	Zip Cod	
Dated:		Inventor's Signature:			
Full Name of Inventor	Last Name	First Name (and Middle, if any)			
Residence & Citizenship	City	State or Foreign Country	Country of Citizensh	ip	
Post Office	Street	City	State or Country	Zip Cod	

PATENT APPLICATION Docket No.: AA 980218

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# DECLARATION AND POWER OF ATTORNEY Pursuant to 37 C.F.R 1.63 and 1.67

As a below named inventor, we each hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I believe that I am one of the original and first joint inventors of the subject matter of a patent application entitled: A LOW-COST SATELLITE COMMUNICATION SYSTEM. The specification for the patent application (check one):

is attached hereto.
was filed on as Application Serial No. and was amended on (if applicable).
was filed as PCT International Application No. PCT/ on and was amended on (if applicable).
was filed on as Application Serial No. and was issued a Notice of Allowance on .

I hereby state that I have reviewed and understood the contents of the above identified patent application, including the claims as amended by any amendment referred to above or as allowed as indicated above.

I acknowledge the duty to disclose all information known to me to be material to the patentability of this patent application as defined in 37 C.F.R. Section 1.56. If this is a continuation-in-part (CIP) application, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability of the application as defined in 37 C.F.R. Section 1.56 which became available between the filing data of the prior application and the national or PCT international filing date of this CIP application.

I hereby claim foreign priority benefits under 35 U.S.C. Sections 119 and 365 of any foreign application(s) for patent(s) or inventor's certificate(s) listed below. I have also identified below any foreign application(s) for patent(s) or inventor's certificate(s) filed by me or my assignee which:

disclose the subject matter claimed in this patent application; and

have a filing date that is either:

- (1) before the filing date of the application on which my priority is claimed; or,
- (2) before the filing date of this application when no priority is claimed:

Prior Foreign Patents					
Number	Country	Mo/Day/Yr Filed	Date First Laid Open or Published	Date Granted or Patented	
				Of Fatchica	
				···	
	Number	1	Prior Foreign Pat Number   Country   Mo/Day/Yr	Prior Foreign Patents   Number   Country   Mo/Day/Yr   Date First Laid Open	

I hereby claim the benefit under 35 U.S.C. Sections 120 and 365 of any United States application(s) listed below and PCT international application(s) listed below:

Prior U.S. or PCT Applications					
Application No.	Mo/Day/Yr Filed	Status			

I hereby appoint Timothy W. Markison, Registration No. 33,534, Christopher J. Reckamp, Registration No. 34,414, and Robert M. McDermott, Registration No. 41,508 of Markison & Reckamp, P.C., 899 Skokie Boulevard, Northbrook, IL 60062 as my attorney, with full power of substitution and revocation, to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith, and to file and prosecute any international patent applications filed thereon before any international authorities under the Patent Cooperation Treaty, and I hereby authorize him to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct them in writing to the contrary.

Please address all correspondence and direct all telephone calls to:

Markison & Reckamp, P.C. 899 Skokie Boulevard - Suite 332 Northbrook, Illinois 60062 Phone: (847) 564-9050

Fax: (847) 564-9057

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of this patent application or any patent issued thereon.

Inventor(s)

## Full Name: Citizenship: Signature: Date: Street Address: Zip or Postal Code: State or Province: Country: City: Full Name: Citizenship: Signature: Street Address: Zip or Postal Code: City: State or Province: Country: Full Name: Citizenship: Signature: Date: Street Address: State or Province: Zip or Postal Code: Country: City: Full Name: Citizenship: Signature: Date: Street Address: State or Province: Zip or Postal Code: Country: City: R.G. FENICK J Full Name: Citizenship: 6 SA \_ Date: <u>23 MARCH</u>, 1998 Zip or Postal Code: 92075 Country: USA Street Address: State or Province:

I hereby appoint Timothy W. Markison, Registration No. 33,534, Christopher J. Reckamp, Registration No. 34,414, and Robert M. McDermott, Registration No. 41,508 of Markison & Reckamp, P.C., 899 Skokie Boulevard, Northbrook, IL 60062 as my attorney, with full power of substitution and revocation, to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith, and to file and prosecute any international patent applications filed thereon before any international authorities under the Patent Cooperation Treaty, and I hereby authorize him to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct them in writing to the contrary.

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	110	/ Inventor(s)	
Full Name: ,	Citizenship: USA	1	
Soll A.M	Citizenship: USA	dull _	3//
Signature:	0439 RAPIDAN	U. May	Date: 3/17/98
Street Address: /	0439 RAPIDAN	LANE	
City: MANAS	State or Province:	Zip or Postal Code: 20/09	Country: USA
Full Name:	Citizenship:		
Signature:			Date:
Street Address:			
City:	State or Province:	Zip or Postal Code:	Country:
Full Name:	Citizenship:		
Signature:			Date:
Street Address:			
City:	State or Province:	Zip or Postal Code:	Country:
Full Name:	Citizenship:		
Signature:			Date:
Street Address:			
City:	State or Province:	Zip or Postal Code:	Country:
full Name:	Citizenship:		
Signature:			Date:
Street Address:			_
City:	State or Province:	Zip or Postal Code:	Country:

I hereby appoint Timothy W. Markison, Registration No. 33,534, Christopher J. Reckamp, Registration No. 34,414, and Robert M. McDermott, Registration No. 41,508 of Markison & Reckamp, P.C., 899 Skokie Boulevard, Northbrook, IL 60062 as my attorney, with full power of substitution and revocation, to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith, and to file and prosecute any international patent applications filed thereon before any international authorities under the Patent Cooperation Treaty, and I hereby authorize him to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct them in writing to the contrary.

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		Inventor(s)	
Full Name: Joh Signature:	n E. Hanson	LS. Home	Date: 3 19 98
Street Address:			
City: 345	Nita Are. H	Zip or Postal Code: ovntain View, Ca. 9	4043 USA
Full Name:	Citizenship:	•	
Signature:			Date:
Street Address:			
City:	State or Province:	Zip or Postal Code:	Country:
Full Name:	Citizenship:		
Signature:			Date:
Street Address:			
City:	State or Province:	Zip or Postal Code:	Country:
Full Name:	Citizenship:		
Signature:			Date:
Street Address:			
City:	State or Province:	Zip or Postal Code:	Country:
Full Name:	Citizenship:		
Signature:			Date:
Street Address:			
City:	State or Province:	Zip or Postal Code:	Country:

I hereby appoint Timothy W. Markison, Registration No. 33,534, Christopher J. Reckamp, Registration No. 34,414, and Robert M. McDermott, Registration No. 41,508 of Markison & Reckamp, P.C., 899 Skokie Boulevard, Northbrook, IL 60062 as my attorney, with full power of substitution and revocation, to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith, and to file and prosecute any international patent applications filed thereon before any international authorities under the Patent Cooperation Treaty, and I hereby authorize him to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct them in writing to the contrary.

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Inventor(s)

## Full Name: Citizenship: REGARD. Fletter

Zip or Postal Code: Country: USA

Citizenship: Full Name:

Full Name:

Full Name:

Full Name:

Signature: Date: Street Address:

City: State or Province: Zip or Postal Code: Country:

Citizenship:

Citizenship:

Citizenship:

Signature:

Street Address: City: State or Province: Zip or Postal Code: Country:

Signature: Date:

Street Address: City: State or Province: Zip or Postal Code: Country:

Signature:

Date: Street Address:

City: State or Province: Zip or Postal Code: Country: